



惠僑英文中學

WAI KIU COLLEGE

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Ref. No.: LT\_SD 17-18/01b

5<sup>th</sup> September, 2017

Dear Parents/Guardians,

Parents' Consent for Attending P.E. Lessons

As Physical Education (P.E.) is part of the school curriculum, every student has to attend P.E. lessons. Please note that if your child has any health problems, you are advice to seek professional advice from the doctor for attending P.E. lessons. If your child has to be exempted from any P.E. lessons, a medical certificate is required.

Please fill in the attached reply slip and submit it to the class teacher on or before 8<sup>th</sup> September, 2017 (Friday) for our reference. Furthermore, we would be very grateful if we could be informed of the latest health condition of your child at your earliest convenience in the future.

For enquiries, please contact Mr. LEE Kan-yuen (P.E. Panel Head).

Yours faithfully,

CHENG Che-yin  
(Principal)

----- ✂ ----- 【 Reply Slip 】 -----

Ref. No.: LT\_SD 17-18/01b

Name of Student : \_\_\_\_\_ Sex : \_\_\_\_\_ Class : \_\_\_\_\_

Date of birth : \_\_\_\_\_

\* Please tick the appropriate box(es).

- The above student is fit for P.E. lessons.
- The above student is not suitable for physical exercises. The medical certificate has been enclosed.
- Please exempt the student from P.E. lessons from \_\_\_\_\_ to \_\_\_\_\_.

The medical certificate has been enclosed.

Signature of Parent/Guardian : \_\_\_\_\_

Name of Parent/Guardian : \_\_\_\_\_

Date : \_\_\_\_\_

**Medical History of Student**  
(to be completed by parent/guardian)

The information provided here will only be used for handling student's health related matters\*.

Name of student: \_\_\_\_\_ Sex: \_\_\_\_\_

Class: \_\_\_\_\_ Class No: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Emergency telephone No: \_\_\_\_\_

1. If the student has ever had the medical condition(s) below, please put a "√" in the appropriate box (es) and give details.

	Description	Age detected	Details of disease	Recommended treatment (if applicable)
<input type="checkbox"/>	G6PD deficiency			
<input type="checkbox"/>	Bronchial asthma			
<input type="checkbox"/>	Epilepsy			
<input type="checkbox"/>	Fits due to fever			
<input type="checkbox"/>	Kidney disease			
<input type="checkbox"/>	Heart disease			
<input type="checkbox"/>	Diabetes mellitus			
<input type="checkbox"/>	Hearing defect			
<input type="checkbox"/>	Haemophilia			
<input type="checkbox"/>	Anaemia			
<input type="checkbox"/>	Other blood disease			
<input type="checkbox"/>	Allergy to drugs			
<input type="checkbox"/>	Allergy to vaccines			
<input type="checkbox"/>	Allergy to food			
<input type="checkbox"/>	Other allergies (Please specify: _____)			
<input type="checkbox"/>	Tuberculosis			
<input type="checkbox"/>	Minor operation			
<input type="checkbox"/>	Major operation			
<input type="checkbox"/>	Others			

2. If the student is considered not suitable for participation in PE lessons or any other type of school activities, please specify and submit a medical certificate for school's reference.

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3. Is your child currently on medication?

Yes  No  Reasons for medication: \_\_\_\_\_

Name of medicine: \_\_\_\_\_ Type of medicine: Western / Chinese

Side effects: Yes  If yes: Drowsy / Stomachache / Dizzy / Others  
No

4. In case of emergency, do you permit the school to call an ambulance and provide the ambulance man with the medicine history of your child?

agree  disagree

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Name of Parent/Guardian)

Date: \_\_\_\_\_

*\* Personal data collected from your child is only used for handling matters relating to his / her health and safety. Though the provision of such data is done entirely on a voluntary basis, insufficiency of information may make the school unable to have a clear picture of your child's medical history. We may not be able to provide proper assistance to him / her in case of accident. According to Personal Data (Privacy) Ordinance, you have the right to access and correct the data supplied. Please contact the school if necessary.*